

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10804789
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4	1					
5		4				
6		4				
7		4				
8		4				
9		4				
10		4				
11		4				
12		2				
13		2				
14		3				
15		4				
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31		4				
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49						
50						
TOTAL IND.	6					
TOTAL DEP.	99	←	→	←	→	←
TOTAL CLAIMS	105	██████████	██████████	██████████	██████████	██████████

	IND	DEP	IND	DEP	IND	DEP
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100						
TOTAL IND.						
TOTAL DEP.		←	→	←	→	←
TOTAL CLAIMS		██████████	██████████	██████████	██████████	██████████